



SAMPLE SUBMISSION FORM

COLORADO DEPARTMENT OF AGRICULTURE

PAGE

OF

ANIMAL INDUSTRY DIVISION- VETERINARY SECTION

ROCKY MOUNTAIN REGIONAL ANIMAL HEALTH LABORATORY

2331 WEST 31st AVE, DENVER, CO 80211 TEL: (303) 477-0049 FAX: (303) 458-7857

LAB. ACC. NO.:

OWNER'S NAME:	COUNTY ANIMAL(S) KEPT:	SPECIES:	NO. SAMPLES SUBMITTED:
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STREET ADDRESS:		CHECK AND CIRCLE TEST(S) REQUESTED	
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CITY:	STATE:	ZIP CODE:	<input type="checkbox"/> ANAPLASMOSIS: cELISA / CF	<input type="checkbox"/> CAEV: cELISA
			<input type="checkbox"/> BLV: ELISA / AGID	<input type="checkbox"/> OPPV/CAEV: AGID
			<input type="checkbox"/> BTV: cELISA / AGID	<input type="checkbox"/> PRV: LATEX

I HEREBY CERTIFY THAT THIS IS A CORRECT RECORD OF SAMPLES COLLECTED BY ME:

SIGNATURE: (ACCREDITED VETERINARIAN)**DATE SAMPLED:**☐ JOHNE'S: ELISA / SOLID CULTURE / LIQUID CULTURE☐ SCRAPIE GENOTYPING: 171 / 136 (FOR OFFICIAL NSEP TEST USE VS FORM 5-29)☐ *Trichomonas foetus*: CULTURE / PCR☐ OTHER: _____

PRINT LAST NAME:	LICENSE NO.:	TEL:	FOR LABORATORY USE ONLY	
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MAILING ADDRESS:	FAX:	DATE READ:	BY:
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CITY:	STATE:	ZIP CODE:	NAME OF LABORATORY:	
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CITY:	STATE:	ZIP CODE:		
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SAMPLE NO.	IDENTIFICATION (Brand, Eartag Number, Color, Etc.)	AGE	BREED	SEX	TESTED FOR	TESTED FOR	TESTED FOR	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
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